

Desert Blossom Women's Care**Patient Informed Consent**

I _____ (patient or guardian) authorize Misty Decker CNM, associates and assistants of her choosing to perform the following procedure: _____

Risk:

This authorization is given with the understanding that the procedure involves some risk and hazards that may accrue. Some more common risks involved are infection, bleeding, blood clots, and allergic reaction. Other serious risks that may accrue but are not common is tissue trauma to bowel, bladder, uterus, vessels, and nerves which may lead to other complications.

Results not guaranteed:

I understand that by signing this there is no guarantee or assurances made with the procedure or results from the procedure and that it may not have a cure.

Patients Consent:

I have read and understand this consent form, and I understand I should not sign this form if all items including all my questions have not been explained or answered to my satisfaction or if I do not understand any of the terms or words contained in this consent form.

If you have any questions as to the risk of the proposed procedure or any questions concerning it, please ask your provider before signing the form. Do not sign unless you have read and thoroughly understand this form.

Patient/Guardian Signature Date Time

Witness

Physician Declaration: I have explained the consent of this document to the patient and have answered all the patient's questions and to the best of my knowledge, the patient has been adequately informed. The patient has consented.

Physician Signature Date Time